

COLORADO MESA UNIVERSITY
Department of Health Sciences
Application for Bachelor of Science in Nursing (BSN)

*This application is for the **TRADITIONAL BSN** program. This is **NOT** the application for individuals who already possess a LPN seeking admission to the LPN-BSN program nor an ASN/AASN seeking admission to the online RN-BSN program. Please visit the following link to apply to the RN-BSN program directly, thank you: https://cmuconnect.coloradomesa.edu/Application/Apply?type=datatel_cmuonlineprogramsapplication6*

Please Note: This application MUST be submitted via **.pdf** format (**ONLY**) to: healthscience@coloradomesa.edu by the deadline.
Please use the subject line: "BSN Application"

1. Full legal name _____
Last First M.I. Maiden Name
2. CMU ID # (assigned upon acceptance to CMU): 700 (**DO NOT** leave blank-contact CMU Admissions for your 700#)
3. Mailing address: _____
Street Address including Apt. # (if applicable)

City State Zip
4. Email Address: _____@mavs.coloradomesa.edu (**you must have/utilize a CMU email address, as we communicate 100% via your CMU email address, including invitation letters/acceptance letters/documentation/etc.**)
5. Cell phone number: (_____) _____
6. Are you/will you be enrolled in general education, pre-requisite courses or foundation courses the semester you are applying to the BSN program?
No Yes; If yes, what school(s) will these classes be enrolled? _____
(Please note: all required classes must be completed prior to, or by the END of the semester of application. We do not allow courses to be "in progress" in J-Term if applying to start the program in the Spring semester or during the Summer if applying to start the BSN program in the Fall semester.)
7. Indicate if you have a prior degree in one of the following: A.A. A.S. A.A.S. B.A. B.S. Masters/Doctorate
8. Have you applied to Colorado Mesa University's Bachelor of Science in Nursing (BSN) program in a prior semester/year?
No Yes; If yes, list **all** semester(s)/year(s) of application(s) (i.e. S21, F21, etc.): _____
9. If you have applied to the BSN program before, have you been invited for an interview for the BSN program?
No Yes; If yes, list **all** semester(s)/year(s) of interview(s) (i.e. S21, F21, etc.): _____
10. Please indicate all date(s) you have taken or you will be taking the Kaplan Nursing Exam: _____
11. Transfer students, ONLY: Has your transcript evaluation been completed through the CMU Registrar's Office: No Yes
12. Please **DO NOT** submit documents that are not requested (i.e. grade request forms, transcript request forms, reference letters, immunizations, or any other documents), as they will not be reviewed. ONLY submit this application. We will pull your DegreeWorks, CMU transcripts and transcripts from any prior schools that you've submitted to CMU for transcript evaluation. We will also pull your Kaplan Scores from the CMU Testing Center. If you took the Kaplan at another testing center, it is your responsibility to ask that testing center to send the results to us, directly, by the application deadline.
13. In an effort to help admitted students meet future required deadlines in a timely manner (especially for those admitted to our spring semester cohort), please review the immunization and documentation list which our clinical agencies currently require: MMR, varicella, Hep B, Covid-19, influenza, Tdap, TB Skin Test. You are encouraged to gain official proof of immunizations and vaccinations that you have completed. You should plan to complete the immunizations, vaccinations, and other documents you are missing, prior to or upon admission to the program. You **WILL NOT** submit these documents to our department, at this time, you will do so post admission following instructions and deadline guidance. This is our effort to help you prepare and plan wisely.

*****You should open this document via Adobe, so that the form formats correctly and allows for electronic signature*****

Once you've filled out this document (by typing into each box), follow the process to electronically sign, **SAVE the document on your computer, then attach it to your CMU email and send it to healthscience@coloradomesa.edu as a .pdf document. If you are unable to sign this document electronically, please print it, sign it, scan it as a .pdf document and email it to healthscience@coloradomesa.edu.**

The following table must be completed in its entirety.

- List the course number (i.e. HIST 101) for general education course requirements, such as the History, Fine Arts, Natural Science, KINA.
- Fill in your final grade for the courses completed.
 - If you have been given course credit at Colorado Mesa University for Advanced Placement, please place “**AP**” in the final grade column.
 - If the course requirement listed has been accepted at Colorado Mesa University from the International Baccalaureate Program, please place “**IB**” in the final grade column.
 - If you are currently enrolled/in progress in the course, please put “**IP**” in the final grade column. Please note, if you are retaking a course, please indicate your previous grade as well as indicating that the course is In Progress (i.e. C/IP). For grade improvement, you must take the course at the same school where you are wanting to have the grade replaced. You may not replace a CMU grade by taking the course somewhere else and having it transferred into CMU, as the CMU grade will stand.
 - If you are currently enrolled/in progress in a course at another institution, please put the Course Number & Name of the Course (i.e. BIOL 241/Pathophysiology) and the school’s name in the notes section. If you are currently enrolled/in progress in a required course(s) at another institution, please submit a copy of your course registration along with this application. It is your responsibility to confirm that the course(s) you are taking at another institution will transfer to CMU as the course you are listing it under. You can confirm this through your institution’s Office of the Registrar or contacting the Transcript Evaluator in the Office of the Registrar at Colorado Mesa University. **Please Note:** The Department of Health Sciences at CMU is not able to confirm this information.
- Please indicate the semester you took the course (i.e. S24).
- Please indicate if the course was taken at CMU or transferred to CMU by placing a check mark in the corresponding column.
 - If a course was transferred, please put the Course Number & Name (i.e. BIOL 241/Pathophysiology) as it is listed at the school you completed the course, and the school’s name in the notes section.

Required Courses					
Courses highlighted in RED are pre-requisite or required foundation courses. All courses listed below must be completed by the end of the semester you are applying.					
CMU Course Number (i.e. BIOL 241)	Final Grade	Semester (i.e. S24)	Taken @ CMU	Transfer to CMU	Notes
ENGL 111	_____	_____	_____	_____	Course #/Name: _____ School: _____
ENGL 112	_____	_____	_____	_____	Course #/Name: _____ School: _____
MATH 113 or higher (i.e. MATH 119, MATH 151, etc.)	_____	_____	_____	_____	Course #/Name: _____ School: _____
History: HIST _____	_____	_____	_____	_____	Course #/Name: _____ School: _____
Humanities: _____	_____	_____	_____	_____	Course #/Name: _____ School: _____
PSYC 150	_____	_____	_____	_____	Course #/Name: _____ School: _____
PSYC 233	_____	_____	_____	_____	Course #/Name: _____ School: _____
Fine Arts: _____	_____	_____	_____	_____	Course #/Name: _____ School: _____
Natural Science BIOL 250 required (must have waiver from Health Sciences for any substitution of this requirement; please indicate course used for waiver):	_____	_____	_____	_____	Note: _____ Course #/Name: _____ School: _____
Natural Science Lab BIOL 250L required (see above about waiver requirement, please indicate course used for waiver): _____ L	_____	_____	_____	_____	Note: _____ Course #/Name: _____ School: _____
Natural Science: _____	_____	_____	_____	_____	Course #/Name: _____ School: _____
(no lab required, but if the course you took had a lab, indicate that below).	_____	_____	_____	_____	School: _____

Natural Science Lab: <small>(no lab required, but if the course you took had a lab, indicate that here—put NA in grade if there wasn't a lab).</small>	_____	_____	_____	_____	Course #/Name: _____ School: _____
KINE 100	_____	_____	_____	_____	Note: _____ Course #/Name: _____ School: _____
KINA 1 _____	_____	_____	_____	_____	Note: _____ Course #/Name: _____ School: _____
ESSL 200 (if you have a waiver for ESSL indicate that in the notes) -OR- KINA 1 _____	_____	_____	_____	_____	Note: _____ Course #/Name: _____ School: _____
ESSL 290 (if you have a waiver for ESSL indicate that in the notes) -OR- Applied Studies:	_____	_____	_____	_____	Note: _____ Course #/Name: _____ School: _____
BIOL 209	_____	_____	_____	_____	Course #/Name: _____ School: _____
BIOL 209L	_____	_____	_____	_____	Course #/Name: _____ School: _____
BIOL 210	_____	_____	_____	_____	Course #/Name: _____ School: _____
BIOL 210L	_____	_____	_____	_____	Course #/Name: _____ School: _____
BIOL 241	_____	_____	_____	_____	Course #/Name: _____ School: _____
STAT 200 -OR- STAT 215	_____	_____	_____	_____	Course #/Name: _____ School: _____
Elective: (any combination of elective credits, not already listed above, which will give you a total of 56 total credit hours. Choose a course with your best grade)	_____	_____	_____	_____	Course #/Name: _____ School: _____
Extra Elective: (if needed)	_____	_____	_____	_____	Course #/Name: _____ School: _____

The admissions committee reserves the right to select the applicants who shall be admitted. Acceptance is contingent upon receipt of all required application materials by the Department of Health Sciences and the completion of all general education and prerequisite requirements. Maintaining acceptance in the BSN program is contingent upon passing a criminal background investigation and drug screen.

This application and all supporting materials must be received by the Department of Health Sciences no later than the **September 15/February 15 (12pm/noon)** deadline for admission consideration to the BSN Program.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to, transcripts and transcript evaluations from the Office of the Registrar.

Signature: _____

Date: _____